The Canadian Nurse

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"THE HOSPITAL FROM A VIEWPOINT OF THE MEDICAL SUPERINTENDENT."

PREPARED BY REQUEST FOR THE ANNUAL MEETING OF THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

I esteem very much the honour of having been chosen by the Executive of the Canadian Society of Superintendents of Nurses to prepare a paper upon the subject, "The Hospital from a Medical Superintendent's Point of View," but it seems to me a difficult matter to present anything new or which would add to the knowledge of the hospital, which you have already acquired, so that the best I can do is to review in part some points of controversy in the great problem —The Hospital.

I shall consider very briefly the organization. Should a hospital be a municipal institution, or, be conducted by philanthropic societies, or church organizations? There are many who have studied hospital work who condemn a municipal hospital for the main reason that it stifles philanthropy, and again that politics, entering into the management of the institution, renders it inefficient. As the hospital whose operations I have superintended for five years is a municipal one I am in a position to give an opinion on the question. As hospitals were never instituted simply to develop philanthropy but to care properly for the sick, it seems to me, that system which, taking into account local conditions, will provide the best equipped hospital is the one to be chosen. While our hospital has never had all the money it has required, to give the best results, still I am satisfied that more money has been secured from the city treasurer than would have been raised by purely philanthropic measures, and patients of the hospital have accordingly benefited. Moreover, notwithstanding that the institution is a municipal one, it has been fortunate in securing many generous gifts in the way of buildings and equipment. The Nurses' Home, the Southam Home for Tuberculosis, the Outdoor Department and an infectious ward, have been erected by private donors, and the Jubilee Wing by general subscription. Nearly all the private wards have been furnished privately, or by fraternal societies, as well as the equipment of operating room and laboratory. These all form no mean part of the institution and show that while philanthropy has not been as active as it might have otherwise have been, it has been alive to many of our needs, and has supplied the want.

Of course, the philanthropic spirit does not favourably compare with that shown to hospitals in other cities under purely philanthropic, or church auspices, but for a city of the size of Hamilton, I believe we have much to be thankful for.

There is no good reason why men and women of wealth should not give to a municipal hospital in the same way that parks, museums, picture galleries, and other benefactions are being given to cities all over the world for the public use and good. Even if objection be taken by some people to giving to an institution owned by the city there are many paths left in the great field of charity for the philanthropist to take, so that I fail to see that the argument holds good that a civic hospital must necessarily be a bar to the philanthropic spirit of the people. To descend to a lower plane, and consider the question in a practical way, it is a great comfort to the Trustees and Superintendent whose duty it is to finance a hospital, to be assured a fixed income and be relieved of the annual task of raising funds by subscription and other well known methods which unhappily sometimes lead to strife, which interferes with the prosperity of the hospital.

To the charge that party politics will lessen the efficiency of a civic hospital I would say, not if its organization be placed upon right lines. At first the Hamilton City Hospital was managed by a Committee of the City Council, and there is no doubt that party politics entered into its management and did much harm. A change was made and the hospital placed under a Board of Governors, consisting of seven members—five being appointed by the City Council for a term of five years, with the Mayor and the Chairman of Finance *ex officio* members. The estimates for each year are submitted to the City Council and an appropriation granted. The Board of Governors control absolutely the expenditure of the appropriation and have the whole regulation and management of the institution. The Governors have been chosen because they were men of integrity and business capacity, and could give time to the work. All the members have been reappointed when their five-year term expired. Under this plan I am in a position to say that party politics has not been introduced into the management of the hospital and has not contributed in any way to lessen its efficiency.

The public wards of the hospital are free to those unable to pay and are admitted if requiring treatment upon the order of the Relief Officer of the city. That all those who are able to pay a little may do so, the charges for our semi-private wards are placed very low, namely, $3.50 a week for medical cases, and $4.90 a week for surgical. We thus avoid pauperizing a large class of citizens who would otherwise be forced into the public wards. Private room charges range from $7.00 to $12.00 a week, so that the private patient approximately pays the cost of his maintenance.

I believe that system is wrong whereby a private patient simply because he is sick is asked to pay more than the cost of his maintenance for the purpose of increasing the revenue of the hospital, and helping to maintain those who cannot pay. Under our plan the private patient pays in toto for his maintenance, the semi-private patient part, and the public ward patient nothing—the deficit being made up by the city appropriation. Having the city treasury at our back we are at all times prepared to buy supplies and equipment for cash, each account being paid, as it should be, in the month in which it arises. From what I have said it is apparent that I favour a muncipal hospital, unless it be one which is fortunate enough to be so richly endowed that it has sufficient for its needs, or can secure enough by municipal and State grants to satisfactorily maintain.

The members of our medical staff are appointed by the Board of Governors annually for a term of one year, there being six physicians, five surgeons and the different specialists. The physicians and surgeons serve for one month in rotation. Some retain at the end of the month the cases they have been treating until the patient is discharged; others turn over at the end of the month all the cases they have been treating during the month to their successor.

This plan works out very well and has been adopted because all the members of the staff are in active private practice. The plan whereby all the medical work is divided into services with a Chief in charge of each Division giving continuous service is much better, but is difficult to establish in a comparatively small city. The plea has been seriously advanced for the right of the public ward patient to have any physician or surgeon he wishes, and it is asserted that it is wrong for any man to be obliged to submit to the treatment of a man in the selection of whom he has had no voice. On the surface, this plea looks fair and reasonable, but I know it would, if put into force react to the disadvantage of the public ward patient. Our semi-private patients have the right and must engage their own physician or surgeon and from a close observation of the comparative result of treatment in the semi-private and public wards the patients in the latter have received on the whole much the better treatment, simply because the members of the hospital staff being chosen by their ability are above the average of the city's physicians. The poor are sometimes ignorant and unable to wisely choose, so that it is necessary that he be provided with the best medical service according to the judgment of those who are in a position to know.

While it is preferable to have a hospital situated in a salubrious, elevated and commanding position in the midst of a park on the outskirts of a city, still this is not always possible nor necessary, though the hospital buildings should always be surrounded by plenty of land so as to secure free open space. It should be situated so as to be easy of access, and in a locality free from noise and smoke. Though not so convenient in many ways, yet I think a hospital should be located if possible a block away from a street car line. In regard to the plan hospital buildings should take, while there are many advantages in the erection of buildings en bloc I think when plenty of land is available, the pavilion plan is preferable. Every hospital building should be fireproof and so constructed that every part of it can be easily kept clean and sanitary.

The perfect hospital should be so planned that there will be special wards for all convalescent patients. I believe to secure proper quiet, rest, and comfort for patients critically ill, the convalescent patient should not remain in the same ward, and the same would apply to private floors. The visitors to convalescent patients, especially private, are often very inconsiderate of the welfare of the sick patient in the next bed or room. The noise made by convalescent patients and their friends who are naturally rejoicing and endeavouring to cheer has been one of the most unsatisfactory things I have attempted to control.

In addition to the usual buildings necessary for the treatment of medical and surgical cases, a general hospital may have buildings for the treatment of infectious diseases. Of course, these latter should consist of a separate pavilion for each infectious disease. Cross infection is impossible to avoid at all times in handling children suffering from infectious diseases, but the danger is very

great if the attempt be made to treat two different infectious diseases of any kind, no matter how well isolated in the same building, unless it be built according to the plan of the Pasteur Hospital in Paris, where each patient is practically in a separate ward.

In a comparatively small city where it is expensive to maintain a separate, well-equipped Isolation Hospital under the Board of Health for perhaps a few patients, it is quite safe for a General Hospital to take care of these patients in separate pavilions. It can be done under the same management without danger of communicating the diseases to patients in the general wards. I believe all nurses should have practical training in nursing patients sick with infectious diseases. There is no case which requires more skill from a nurse than the petted child suffering from diphtheria or scarlet fever with extensive involvement of the nose and throat. Physicians complain that it is difficult at times to secure nurses for infectious patients. This should not be, and I believe where nurses have received good training in these diseases they respond more readily to the call. I am glad to say that in our hospital, where we have for years treated diphtheria and scarlet fever, that I have never known a nurse to hesitate when assigned to duty in these wards and it has been the rule that our nurses have been eager to receive this training. It has really been our best opportunity to give them training in nursing sick children.

I believe that unless provision is made otherwise in a sanitorium, general hospitals should be prepared to properly care for advanced cases of tuberculosis; of course in a separate pavilion. A hospital with a training school is not only an institution for the relief of the sick but it has become a great school for the education of young women in hygiene. To give a nurse an opportunity to learn, practically, the treatment and means of prevention of tuberculosis by a short service in wards for this purpose, means that there is a steady stream of educationalists being sent out of our hospitals who will take an important part in the great and difficult campaign for the eradication of this widespread and preventable disease. In considering the Executive, from the point of view of the Medical Superintendent of course, where a general hospital is large enough to justify it, it is a distinct advantage for the Superintendent to be an experienced physician. Many questions arise relating to the treatment and care of patients, ward, semi-private and private; and, in relation to their attending physician, nurses and friends which seem to me more easy of solution with satisfaction to all parties concerned by a person with medical training. He should be able by experience to promptly and directly handle questions of hygiene and sanitation and the prevention of the different infections among patients, which requires constant vigilance.

In this connection I would like to insist on the importance and necessity of a general hospital having plenty of isolation rooms, properly equipped and conveniently placed for isolating every case with a suspicious sore throat, rash or other sign of infection, until a diagnosis be made.

The Medical Superintendent of a hospital should be entrusted with the appointment of the house staff and he should be responsible for their work. The Superintendent of the hospital should be the executive head, responsible to the Board of Trustees for the whole management of the institution. There is a

movement in some quarters to place the training school for nurses under a separate jurisdiction, but I believe that would be a mistake. All should work toward one head. The Board of Trustees should be supreme, the Medical Superintendent responsible to the Board, and the heads of the different departments responsible to the Superintendent. The heads of departments should choose the employees in their department, subject to, in certain instances, the approval of the Superintendent. This distribution of authority should give the most harmonious and effective results. It should be expected of a Superintendent that he should refer matters pertaining to a given department to the head of that department for consideration. To successfully carry on the work, loyal and earnest co-operation is required from the head of every department.

It is scarcely necessary to say that the Superintendent of Nurses should, of all others, co-operate in every sense of the word with the Superintendent. It is just here that serious friction is most apt to arise. The Superintendent of Nurses by the reason of her position and having the interest of the hospital always very much at heart should be at all times ready to advise the Superintendent of anything in any department pertaining to the welfare of the institution, but at the same time should not attempt to adjust anything outside her own department. On the other hand the Superintendent should strictly leave to the Superintendent of Nurses the management of matters pertaining to her own work, she being ready to lend a responsive ear and be guided in matters where the Superintendent is in a position, either from a greater experience, better knowledge of local conditions, or medical training, to have a better judgment. By perfect team work for the good of the hospital the Superintendent and Superintendent of Nurses command the situation and any interference from outside, which so frequently attempts to intrude, with disaster, will be ineffective. To take an illustration from a sporting page: The Superintendent and the Superintendent of Nurses should be the battery in the contest. If they work efficiently together the game is won; but if they do not the rest of the team might as well throw off their gloves and go home as far as the result is concerned.

I think it is a good plan to combine the positions of Superintendent of Nurses and Matron under one person. The duties interlace so much that less friction will arise, if the Superintendent of Nurses besides having charge of the training school be responsible for the housekeeping.

With proper assistance there is no reason why a properly qualified person cannot effectively supervise both departments. A nurse properly trained in institutional housekeeping should make the best assistant in this department of a hospital, but if the usual housekeeper be employed she should be chosen by the Superintendent of Nurses and be responsible to her. A Superintendent of Nurses should have a properly qualified Dietitian to assist her, and it is a good plan, if not otherwise provided for, to assign to her the housekeeping duties. In these days, when the servant girl problem is awaiting solution, the duty of keeping house in a hospital assumes an importance perhaps it never did before. "Every man is as lazy as he dares to be," holds true in this department. The work must be done and when the supply of help is limited, system and supervision will not altogether avail—great tact must be used to get satisfactory work out of help and not give offence. The Matron has my sympathy. While hos-

Young Dr W A x
145 College st

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AND HOSPITAL REVIEW

The Official Organ of all the Associations of Trained Nurses in Canada

SEPTEMBER, 1910

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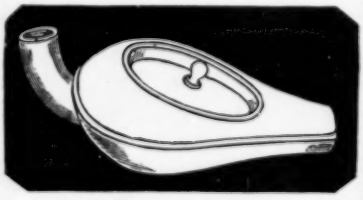

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I shall consider very briefly the organization. Should a hospital be a municipal institution, or, be conducted by philanthropic societies, or church organizations? There are many who have studied hospital work who condemn a municipal hospital for the main reason that it stifles philanthropy, and again that politics, entering into the management of the institution, renders it inefficient. As the hospital whose operations I have superintended for five years is a municipal one I am in a position to give an opinion on the question. As hospitals were never instituted simply to develop philanthropy but to care properly for the sick, it seems to me, that system which, taking into account local conditions, will provide the best equipped hospital is the one to be chosen. While our hospital has never had all the money it has required, to give the best results, still I am satisfied that more money has been secured from the city treasurer than would have been raised by purely philanthropic measures, and patients of the hospital have accordingly benefited. Moreover, notwithstanding that the institution is a municipal one, it has been fortunate in securing many generous gifts in the way of buildings and equipment. The Nurses' Home, the Southam Home for Tuberculosis, the Outdoor Department and an infectious ward, have been erected by private donors, and the Jubilee Wing by general subscription. Nearly all the private wards have been furnished privately, or by fraternal societies, as well as the equipment of operating room and laboratory. These all form no mean part of the institution and show that while philanthropy has not been as active as it might have otherwise have been, it has been alive to many of our needs, and has supplied the want.

Of course, the philanthropic spirit does not favourably compare with that shown to hospitals in other cities under purely philanthropic, or church auspices, but for a city of the size of Hamilton, I believe we have much to be thankful for.

There is no good reason why men and women of wealth should not give to a municipal hospital in the same way that parks, museums, picture galleries, and other benefactions are being given to cities all over the world for the public use and good. Even if objection be taken by some people to giving to an institution owned by the city there are many paths left in the great field of charity for the philanthropist to take, so that I fail to see that the argument holds good that a civic hospital must necessarily be a bar to the philanthropic spirit of the people. To descend to a lower plane, and consider the question in a practical way, it is a great comfort to the Trustees and Superintendent whose duty it is to finance a hospital, to be assured a fixed income and be relieved of the annual task of raising funds by subscription and other well known methods which unhappily sometimes lead to strife, which interferes with the prosperity of the hospital.

To the charge that party politics will lessen the efficiency of a civic hospital I would say, not if its organization be placed upon right lines. At first the Hamilton City Hospital was managed by a Committee of the City Council, and there is no doubt that party politics entered into its management and did much harm. A change was made and the hospital placed under a Board of Governors, consisting of seven members—five being appointed by the City Council for a term of five years, with the Mayor and the Chairman of Finance *ex officio* members. The estimates for each year are submitted to the City Council and an appropriation granted. The Board of Governors control absolutely the expenditure of the appropriation and have the whole regulation and management of the institution. The Governors have been chosen because they were men of integrity and business capacity, and could give time to the work. All the members have been reappointed when their five-year term expired. Under this plan I am in a position to say that party politics has not been introduced into the management of the hospital and has not contributed in any way to lessen its efficiency.

The public wards of the hospital are free to those unable to pay and are admitted if requiring treatment upon the order of the Relief Officer of the city. That all those who are able to pay a little may do so, the charges for our semi-private wards are placed very low, namely, $3.50 a week for medical cases, and $4.90 a week for surgical. We thus avoid pauperizing a large class of citizens who would otherwise be forced into the public wards. Private room charges range from $7.00 to $12.00 a week, so that the private patient approximately pays the cost of his maintenance.

I believe that system is wrong whereby a private patient simply because he is sick is asked to pay more than the cost of his maintenance for the purpose of increasing the revenue of the hospital, and helping to maintain those who cannot pay. Under our plan the private patient pays in toto for his maintenance, the semi-private patient part, and the public ward patient nothing—the deficit being made up by the city appropriation. Having the city treasury at our back we are at all times prepared to buy supplies and equipment for cash, each account being paid, as it should be, in the month in which it arises. From what I have said it is apparent that I favour a muncipal hospital, unless it be one which is fortunate enough to be so richly endowed that it has sufficient for its needs, or can secure enough by municipal and State grants to satisfactorily maintain.

The members of our medical staff are appointed by the Board of Governors annually for a term of one year, there being six physicians, five surgeons and the different specialists. The physicians and surgeons serve for one month in rotation. Some retain at the end of the month the cases they have been treating until the patient is discharged; others turn over at the end of the month all the cases they have been treating during the month to their successor.

This plan works out very well and has been adopted because all the members of the staff are in active private practice. The plan whereby all the medical work is divided into services with a Chief in charge of each Division giving continuous service is much better, but is difficult to establish in a comparatively small city. The plea has been seriously advanced for the right of the public ward patient to have any physician or surgeon he wishes, and it is asserted that it is wrong for any man to be obliged to submit to the treatment of a man in the selection of whom he has had no voice. On the surface, this plea looks fair and reasonable, but I know it would, if put into force react to the disadvantage of the public ward patient. Our semi-private patients have the right and must engage their own physician or surgeon and from a close observation of the comparative result of treatment in the semi-private and public wards the patients in the latter have received on the whole much the better treatment, simply because the members of the hospital staff being chosen by their ability are above the average of the city's physicians. The poor are sometimes ignorant and unable to wisely choose, so that it is necessary that he be provided with the best medical service according to the judgment of those who are in a position to know.

While it is preferable to have a hospital situated in a salubrious, elevated and commanding position in the midst of a park on the outskirts of a city, still this is not always possible nor necessary, though the hospital buildings should always be surrounded by plenty of land so as to secure free open space. It should be situated so as to be easy of access, and in a locality free from noise and smoke. Though not so convenient in many ways, yet I think a hospital should be located if possible a block away from a street car line. In regard to the plan hospital buildings should take, while there are many advantages in the erection of buildings en bloc I think when plenty of land is available, the pavilion plan is preferable. Every hospital building should be fireproof and so constructed that every part of it can be easily kept clean and sanitary.

The perfect hospital should be so planned that there will be special wards for all convalescent patients. I believe to secure proper quiet, rest, and comfort for patients critically ill, the convalescent patient should not remain in the same ward, and the same would apply to private floors. The visitors to convalescent patients, especially private, are often very inconsiderate of the welfare of the sick patient in the next bed or room. The noise made by convalescent patients and their friends who are naturally rejoicing and endeavouring to cheer has been one of the most unsatisfactory things I have attempted to control.

In addition to the usual buildings necessary for the treatment of medical and surgical cases, a general hospital may have buildings for the treatment of infectious diseases. Of course, these latter should consist of a separate pavilion for each infectious disease. Cross infection is impossible to avoid at all times in handling children suffering from infectious diseases, but the danger is very

great if the attempt be made to treat two different infectious diseases of any kind, no matter how well isolated in the same building, unless it be built according to the plan of the Pasteur Hospital in Paris, where each patient is practically in a separate ward.

In a comparatively small city where it is expensive to maintain a separate, well-equipped Isolation Hospital under the Board of Health for perhaps a few patients, it is quite safe for a General Hospital to take care of these patients in separate pavilions. It can be done under the same management without danger of communicating the diseases to patients in the general wards. I believe all nurses should have practical training in nursing patients sick with infectious diseases. There is no case which requires more skill from a nurse than the petted child suffering from diphtheria or scarlet fever with extensive involvement of the nose and throat. Physicians complain that it is difficult at times to secure nurses for infectious patients. This should not be, and I believe where nurses have received good training in these diseases they respond more readily to the call. I am glad to say that in our hospital, where we have for years treated diphtheria and scarlet fever, that I have never known a nurse to hesitate when assigned to duty in these wards and it has been the rule that our nurses have been eager to receive this training. It has really been our best opportunity to give them training in nursing sick children.

I believe that unless provision is made otherwise in a sanitorium, general hospitals should be prepared to properly care for advanced cases of tuberculosis; of course in a separate pavilion. A hospital with a training school is not only an institution for the relief of the sick but it has become a great school for the education of young women in hygiene. To give a nurse an opportunity to learn, practically, the treatment and means of prevention of tuberculosis by a short service in wards for this purpose, means that there is a steady stream of educationalists being sent out of our hospitals who will take an important part in the great and difficult campaign for the eradication of this widespread and preventable disease. In considering the Executive, from the point of view of the Medical Superintendent of course, where a general hospital is large enough to justify it, it is a distinct advantage for the Superintendent to be an experienced physician. Many questions arise relating to the treatment and care of patients, ward, semi-private and private; and, in relation to their attending physician, nurses and friends which seem to me more easy of solution with satisfaction to all parties concerned by a person with medical training. He should be able by experience to promptly and directly handle questions of hygiene and sanitation and the prevention of the different infections among patients, which requires constant vigilance.

In this connection I would like to insist on the importance and necessity of a general hospital having plenty of isolation rooms, properly equipped and conveniently placed for isolating every case with a suspicious sore throat, rash or other sign of infection, until a diagnosis be made.

The Medical Superintendent of a hospital should be entrusted with the appointment of the house staff and he should be responsible for their work. The Superintendent of the hospital should be the executive head, responsible to the Board of Trustees for the whole management of the institution. There is a

movement in some quarters to place the training school for nurses under a separate jurisdiction, but I believe that would be a mistake. All should work toward one head. The Board of Trustees should be supreme, the Medical Superintendent responsible to the Board, and the heads of the different departments responsible to the Superintendent. The heads of departments should choose the employees in their department, subject to, in certain instances, the approval of the Superintendent. This distribution of authority should give the most harmonious and effective results. It should be expected of a Superintendent that he should refer matters pertaining to a given department to the head of that department for consideration. To successfully carry on the work, loyal and earnest co-operation is required from the head of every department.

It is scarcely necessary to say that the Superintendent of Nurses should, of all others, co-operate in every sense of the word with the Superintendent. It is just here that serious friction is most apt to arise. The Superintendent of Nurses by the reason of her position and having the interest of the hospital always very much at heart should be at all times ready to advise the Superintendent of anything in any department pertaining to the welfare of the institution, but at the same time should not attempt to adjust anything outside her own department. On the other hand the Superintendent should strictly leave to the Superintendent of Nurses the management of matters pertaining to her own work, she being ready to lend a responsive ear and be guided in matters where the Superintendent is in a position, either from a greater experience, better knowledge of local conditions, or medical training, to have a better judgment. By perfect team work for the good of the hospital the Superintendent and Superintendent of Nurses command the situation and any interference from outside, which so frequently attempts to intrude, with disaster, will be ineffective. To take an illustration from a sporting page: The Superintendent and the Superintendent of Nurses should be the battery in the contest. If they work efficiently together the game is won; but if they do not the rest of the team might as well throw off their gloves and go home as far as the result is concerned.

I think it is a good plan to combine the positions of Superintendent of Nurses and Matron under one person. The duties interlace so much that less friction will arise, if the Superintendent of Nurses besides having charge of the training school be responsible for the housekeeping.

With proper assistance there is no reason why a properly qualified person cannot effectively supervise both departments. A nurse properly trained in institutional housekeeping should make the best assistant in this department of a hospital, but if the usual housekeeper be employed she should be chosen by the Superintendent of Nurses and be responsible to her. A Superintendent of Nurses should have a properly qualified Dietitian to assist her, and it is a good plan, if not otherwise provided for, to assign to her the housekeeping duties. In these days, when the servant girl problem is awaiting solution, the duty of keeping house in a hospital assumes an importance perhaps it never did before. "Every man is as lazy as he dares to be," holds true in this department. The work must be done and when the supply of help is limited, system and supervision will not altogether avail—great tact must be used to get satisfactory work out of help and not give offence. The Matron has my sympathy. While hos-

pitals everywhere are graduating class after class of young women who make good private nurses, it is surprising how few there are who have executive ability and those rare attributes of heart and head of the ideal Superintendent of Nurses. I fancy she cannot be trained, but must to the manner be born. The Superintendent of Nurses must have high ideals morally and intellectually or she cannot educate her pupils to the standard required of a good nurse. She must have that culture which insensibly influences for good all for whom she is responsible. Her influence is so far reaching that its extent is almost incalculable. Any woman who has achieved success as a Superintendent of Nurses has in my opinion risen to the highest position within the realm of womanhood. The responsibility and importance of the position is appreciated by hospital workers, but I am afraid not as it should be by the world at large, or it seems to me more women with the necessary qualifications would take up hospital work. There is a want now of women of ability and culture to enter this field.

In regard to the training of nurses I strongly favour the three-year course. It has been my experience that the majority of young women who have entered our school have needed three years. It takes two years by a fair division of work for a nurse to learn the work of the different departments of a general hospital, and in the third year when she has qualified to assume responsibility she has an opportunity to apply the teaching she has received. There are few second year nurses I would expect to successfully manage the work of a ward. I believe if a graduate be in charge of every ward of a hospital the work can be well done with a two-year course, but I do not think the plan will develop as good nurses. It is quite possible that the didactic and practical teaching of nursing can all be done in two years, but I have observed that in the third year the nurse as a rule develops, more than at any other time in her course, strength of character, which after all is the best asset. If one analyses the graduating class, it will be seen that they are nearly equal in practical ability as nurses, but it is in character and personality that the difference stands out; and, as a nurse is qualified morally, physically, and intellectually, so will she be successful, either in private nursing or institutional work. Along these lines it has seemed to me that the busy Superintendent of Nurses, fully occupied with purely didactic work and supervision of practical work in the hospital has not always time to direct the development of culture in pupil nurses, and if it could be arranged it would be a great boon to secure the services of a woman of culture and learning with a reputation as a teacher, for the purpose of assisting the Superintendent of Nurses in this part of her duty. An evening or two a week could be devoted to this purpose in an entertaining way without increasing the fatigue of the day's work. I believe that purely didactic and scientific teaching can be carried too far, and that better nurses will be graduated from the hospital which aims at the development of character and culture.

There is a strong agitation in the medical profession for nurses to assist in caring for the sick, who are unable to pay the charges of the graduate nurse at the present rate. They think that the trained nurse is worthy of her hire, but that some provision should be made in hospitals to send out nurses less highly trained, who will nurse this large class in their practice for less money. I

admit the great need, but the solution of the problem from a hospital standpoint I do not see. To send out two classes of nurses would end in utter confusion.

To lower our aims and aspirations, and admit to our training schools women of lower educational requirements than at present would seriously affect the work of a hospital and the welfare of the patient therein. It is trying now to be responsible for the sins of omission and commission of pupil nurses, when the best possible are secured, without increasing stress by admitting pupils of an inferior standard. The public never seem to make any allowance for pupil nurses, and although the training school is the best system for supplying nurses for the sick of a community, charity is rarely extended to a hospital for any faults in the system.

It is possible some extra mural method of teaching might fit nurses to supply the demand now being made by physicians.

I would like to see an effort made, though registration has not been secured, to standardize the examinations of nurses. It is difficult to determine the technical and scientific knowledge a nurse should have. I believe a nurse should be expected to know the principles and elements of the different branches of medicine so that she can intelligently do her work, but anything more is unreasonable and unnecessary. Until there is a general standard in the Province it would be helpful if there were an interchange of examination papers among all the hospitals, to serve as a guide to the work done in this respect throughout the Province. I am sure we would be glad to exchange our papers with any hospital. I think highly of the plan of bedside teaching for nurses and the importance of teaching clinical methods. If a nurse needs one thing more than another in her practical work it is the power of close observation and the ability to intelligently record the signs and symptoms of disease. I would particularly emphasize the importance of teaching nurses the proper management of nervous cases. Ordinary medical and surgical cases are comparatively easy—but it is a difficult task to successfully nurse a patient suffering from neurasthenia, hysteria and mild mental aberration. The number of these patients is yearly increasing and it seems that only a few women are well qualified for this class of work.

There are other subjects worthy of discussion from the Medical Superintendent's point of view, such as the dietary, noise in the hospital, ward orderlies, who at present, at a low wage, are a necessary evil, but whose status should be improved by securing a better class with better wage, since an orderly can mar the effect of the work of everyone else; hospital accounting, which should be on a uniform system; economy in the use of supplies, and checking of waste—but the paper has already extended to too great a length.

Hamilton. A. D. LANGRILL, M.D.

A LOGGERS' HOSPITAL—(Concluded).

Our discipline could not in some particulars be quite so severe as in the ordinary city hospitals, or our wild men of the woods would have shied away and have preferred to "take a chance" under such primitive conditions as ruled where a certain foreman sewed up the cut foot of a Chinese cook with a darning needle and number forty cotton—white, for the look of the thing—and was justly indignant when erysipelas set in. Most of our patients were smokers, and to have deprived them of their tobacco would have been to invite flat mutiny and empty wards, so from breakfast time to "lights out" the pale blue haze rose, generally from much-valued pipes, though five and seven-dollar boxes of cigars were favourite gifts from visiting friends, for the loggers are proverbially open-handed and generous to their comrades in misfortune; the company's store would be ransacked for nuts and apples and oranges, until the patients' riches became quite a consideration in the daily dusting, but they represented so much pleasure on both sides that we had not the heart to put any restraint on them. Nor did their kindness to one another stop there; the mere sight of a pair of crutches or a bandaged arm or head among our privileged convalescents on the wharf when the bi-weekly steamer came in would be sufficient to produce a roll of bills from a copper-riveted hip-pocket, and the casual inquiry: "How are yer fixed, sonny?" Remonstrances—for oftener than not the monied man would be a total stranger to the bandaged man—only elicited a gruff "that's all right; I've been stuck with a broken leg myself an' I know what it means; say, I'd only blow it in, so you might as well spend it for me."

With the characteristic neatness of the Canadian working man every patient whose jaw was not in a splint would begin to devise means of achieving a shave as soon as he was promoted to sitting up. If he had the use of his right hand all was plain sailing; he would ask tentatively for a little hot water, "when you ain't busy, nurse," in simple faith that everything else would "come his way"; and so it would prove, with a razor borrowed in one direction, a brush in another, a fragment of soap obligingly handed in from the bathroom, a piece of more or less trustworthy mirror skilfully propped up against a pile of magazines balanced on perhaps the one sound knee, the injured one would proceed joyfully to "lather up" and remove the stubble of days or weeks. But if the patient's right hand was incapacitated, he was fain to rely on the assistance of some good Samaritan of the camps, and here again was displayed that spirit of friendliness, even to total strangers, which was so striking a feature of these rough fellows. I remember one patient who came in half-scalped by a falling branch; he was assigned to an upstairs ward, and even after being given his clothes again, contented himself with the bookshelf and the garden, and never entered the large ward till the very afternoon of his discharge. He was the first man with the use of both hands who had entered that ward for a week, and the prone unfortunates, and the convalescents with arms in slings eyed him enviously, hopefully, hungrily, and finally one ventured an inquiry:—

"Say, you chap with hands, could you give a feller a shave?"

"Why, sure," was the cheerful response; "I used to work fer a barber on Cordova street till he give me the grand bounce for gettin' drunk."

A perfect whoop of joy went up; razors and scissors were produced, Lim was importuned for hot water, and when the volunteer expert departed after two hours' hard work he took with him the blessings of a shorn and shaven ward.

Very early I learnt not to measure the men's regard for one another by what they said; for instance, when a departing visitor rose to go with the cheerful remark: "Well, so long, Tom; I'll see you again"; and Tom replied promptly, "Not if I see you first," I knew that the implied hostility had no foundation in fact; similarly, I have been urged not to take any notice of what Brown said—someone would be making thirty dollars one of these days taking him to the foolish house—and while the wrathful and maligned Brown sought for words that would express his feelings without shocking the nurse, I remember that "foolish house" is euphonious British Columbian for the insane asylum.

Of course there were times when our patients dwindled down to two or three convalescents who only required a daily dressing and three square meals, and could be safely left in the intervals to sun themselves on the verandah and encourage the struggling cornflowers and nasturtiums below with benedictory showers of tobacco ash and match ends, while they criticized the boom-gang at work at the tide line six hundred yards away.

Being a hundred and forty miles from street cars and plate glass, our means of enjoying our leisure were necessarily somewhat limited. Woods shut us in on three sides and on the fourth was the sea, but a single track line ran through the woods for half a dozen miles, allowing a little space for walking, and a disused track branching off from it led to a lonely lake ringed round by dead giants—the victims of former logging operations; an aged convalescent told me there were trout in plenty in this lake—easy enough to catch if you had the right kind of worm. Now I have a horror of worms, and knew beside that successful anglers, like poets, are born, not made, and that I was not of the elect. However, the aged convalescent was eloquent about the quality of the trout and so anxious to be allowed to provide the right kind of worm, that I yielded against my better judgment, and let myself in for a nice crop of misadventures.

But there was another lake, at the extreme end of the track that was still in commission, and here the plucky wife of a lucky foreman had established her household gods in a three-roomed, rough lumber shack, and whenever Miss F. and I felt a special need of a little fresh feminine society, we could avail ourselves of the logging train to go up to the camp and pay a call. Never, ah never again, do I expect to have an entire train and its crew at my service. Our appearance at the track-side created a mild sensation; the conductor—a blonde six-footer who was responsible for the loading and unloading of the logs—would come forward to inquire if we meant to ride on the engine or on the foremost empty truck. If we choose the truck, as we generally did in fine weather, a "braky" was despatched on the run to beg, borrow or steal a couple of boxes from the company's store or hotel to serve as seats for the passengers, and the company's engine stood and panted softly until the improvised seats were put in position and we settled to our satisfaction. On the return trips we rode perforce in the engine cab, the fireman's seat and the softest end of the wood-pile being entirely at our disposal, the one temporarily upholstered with the engi-

neer's blue jumper, the other with the cleanest gunny-sack that could be "scared up."

It was one morning when I had taken a run up on an "empty," to try to cure an obstinate headache, that I saw a very pointed illustration of the inherent good manners of a body of men whose upbringing had for the most part been of the roughest. As I intended returning on the same train, I did not go across to see the foreman's wife, but took an inconspicuous position a little to one side where I would be out of the way and yet could see the process of loading. All went well till they came to the last log—a monster nearly six feet through at the base; for some reason it seemed unusually difficult to get into position, but after a great deal of readjusting, and signalling and counter-signalling to the watchful donkey-engine driver, everything seemed straight forward—the linesman stepped back from the tightening "line"—the three-ply twisted wire rope on which all depends—the donkey-engine whirred obedient to the waving arms of the conductor, and the huge, sulky giant of the woods began to rise slowly, reluctantly to the level of the trucks; it was almost flush with them, in another moment it would have tilted into position, when the conductor's hands dropped like a flash; no doubt his experienced eye had detected that the butt was swinging ever so slightly inward, throwing the log out of plumb; by every law of his calling the donkey-engine driver, whose eyes are never to stray an eighth of an inch from the conductor, should have stopped his engine instantly, when the taut line would have held the great "stick" suspended while the men with their peavies brought it straight again, but by some mishap he was a quarter of a second late in obeying the signal; the butt swung up and in, the other end canted over correspondingly in the opposite direction, and when the "whirr" ceased, it was evident even to me that the log would have to be lowered to the ground again and a fresh hitch taken—a good twenty minutes' extra work. For the space of time it takes to count five slowly there was a dead, dead silence; how fervently did I wish myself back in the wards at that moment; that was our territory, and it was our right, and no concession, that there should be no profanity there; but for me to trespass on the loggers' own ground, and, metaphorically speaking, stand on the safety valve when the steam was at full pressure, seemed as unfair as it was risky. I confess that I found myself holding my breath in painful apprehension, but I might have trusted them; one chastened whisper floated down from the fireman's window of the locomotive above me: "*Wouldn't* that jar the cherries on your grandmother's bonnet?" and a hushed murmur from the engineer within replied; and that was all. Then the conductor's hands went up again, and the whirr broke the strained silence, to my relief. But it is on account of that and many similar instances of consideration on their part, that I have and always will have a very kindly memory for my erstwhile patients—the Loggers.

RENE NORCROSS.

ON THE RESERVE—(Continued).

A Hospital Nurse's Experience Among the Crees in the Northwest

Listen! Hear the guns. Volley after volley is being fired in quick succession and the report is echoing and re-echoing far into the interior of the forest and across the prairie. What is it all about? Have you not heard? A son is born unto the Chief, and the Indians are celebrating. The day arrived when the little one was brought to the church, the holy rite of baptism was administered and the babe received the name of Roderic.

Happy Chief, happy Indian mother! How fondly they loved the tiny bit of humanity, how snugly and contentedly he lay in his decorated moss bag. The Chief had been bereft of five little ones, one after another dying in infancy.

Often in the little white-washed cabin the parents sat and watched the tiny sleeper, and, methinks the unspoken thought of each often rushed in advance of time. In fancy they saw their boy grown to manhood, and developed into an enviable hunter. They saw him bring down the moose and deer with his clear sight and steady, unerring aim, and, perhaps—and the eyes of each grew softer with the light of parental love and admiration. Yes, perhaps, the honoured mantle of the father would fall upon the son. Or—and now in their bronze features resignation is struggling for the mastery—must their hearts once again be torn with anguish, must they relinquish one dearer to them than their own life?

A few months later I was awakened one night by repeated raps. A message for the medicine woman. "Chief's baby very sick, please come." A quick midnight drive in a bracing atmosphere of forty degrees below zero brought me to Baby Roderic. He was really ill. Convulsion followed convulsion.

Hour after hour, day after day the Chief sat silently by his sick child, and the grief-stricken mother how faithfully she endeavoured to carry out the orders given by the medicine woman. Visit after visit I found them thus—traces of tears upon the mother's face, and deep anxiety upon the bronze features of the Chief. Who would not redouble her energies? They are trusting the white woman and a life hangs in the balance.

It is at a time like this that Christ is most real to us, when He lives in the centre of our desires, and when we rest most heavily upon His help.

The scene changes. Happiness reigns once more in that little cabin. Roderic is still the light and joy of that Indian home, and preparations are going on for an extended hunting trip.

Late one night on returning from a sick call a light was noticed in the cabin of a patient whom I considered progressing favourably. On going in to investigate what a scene met my gaze! Whitecap had indulged, contrary to advice, in a hearty dinner of meat and bannock and pemmican, which evidently was resulting disastrously. Surely "the way of the transgressor is hard."

The room was, well, ninety degrees in the shade. The windows and door were tightly closed; the stove, filled with dry wood, was doing its level best to

throw out the maximum amount of heat. All the blankets which the place afforded were piled upon the suffering man, but that was not enough. Griddles were being heated in quick succession and placed around him. He was just saturated with perspiration—literally gasping for breath. The poor old Indian mother's face was the outlet for rivulets of water. It seemed like a determined effort to make it too hot for the mu-che-mun-e-to or "evil spirit" in the hope he would depart. Such love and devotion are admirable, but, oh, how misapplied.

Nan-a-qua-nan-e-sew or "Smoothing down the quills" was a pagan Indian. The Church of England had sent the "glad tidings" to this band of which he was a member, and family after family had renounced heathenism, had learned about the one true and loving God and accepted Christ as the Saviour of mankind. Nan-a-qua-nan-e-sew remained firm, he would have none of the white man's religion. .

His only daughter came under the influence of the Mission teacher and longed for baptism. The father gave his reluctant consent only during the severe illness of his child, and when her life was despaired of. "If she recovers in answer to your prayers," said this Indian to the missionary, "her wish may be granted." It was a joyful day when Janie was received into the fold of Christ's Church. Beautiful and consistent was the life of this young Indian maiden and the parents thought long and deeply. They silently resolved that they, too, at some future time, would accept Christianity. Janie's God must be their God, too. Another instance of the fulfillment of the Scripture: "A little child shall lead them."

Time passed. Pathetic, indeed, were the circumstances which brought Nan-a-qua-nan-e-sew under my care. I knew him only during his last days. Spring had come, and with it came to the Indians the lure of the hunt. A furious prairie fire overtook the camp of this family. Janie met instant death. The parents were fatally burned. Far from civilization in the heart of the great forest, this Indian woman died with the regret upon her lips that she had not yet been admitted into Christ's Church.

Friendly Indians journeyed forty miles and more with Nan-a-qua-nan-e-sew in order to reach the medicine woman. A tent was pitched, and it was my privilege to smooth in a measure his pathway to the grave.

How great, how marvellous his patience. Nothing resembling a complaint ever escaped him. It was difficult to understand how he survived that week. His face was seared almost beyond recognition—his hands and feet—he practically had none. Yet he lived on and talked with us. How we longed to see him baptized. This was his view: "If my wife had been permitted to live to reach the Reserve both of us would have received baptism. She died without this holy rite. I must go to her. Oh! I cannot be separated from her. I, too, must die unbaptized." How fervently we prayed for this man—it was his last night upon earth—we pleaded with him—he who was on the very border of eternity to make his profession of faith in Christ. Early in the morning he seemed to see visions—and God had spoken to his soul. The silence is broken by the voice of Nan-a-qua-nan-e-sew, "Get the man to make the sign of the Cross."

Can we ever forget the scene in that little tent, in the dawn of that May morning? The simplicity of it all—the solemnity of it all. A packing box

covered with muslin with a colored glass tumbler for the font, the clergyman in his priestly robes, the poor burned mass lying upon his bed of rabbitskin robes, his life ebbing rapidly away, the little group kneeling around. It fell to the writer to give him a Christian name—Stephen. Then there floated through the morning's air the strains of that beautiful hymn:

Aka ta sakwāyimoyun
Christ kitta wechamut
Ta noot inikastumowut
Aka ā nukeyun.

In token that thou shalt not fear
Christ crucified to own;
We print the Cross upon thee here
And stamp thee His alone.

A few hours later gently, silently, gradually his life went out. It was getting dark, he could not see the trail—but he had a Guide—Jesus. And with that name on his lips he was gone. Thus Nan-a-qua-nan-e-saw, who had lived more than half a century in paganism "died in the faith" and was buried from St. Stephen's Church.

Earth to earth, and dust to dust,
Calmly now the words we say;
Leaving him to sleep in trust
Till the resurrection day.

ANNA ASENATH HAWLEY.

INSURANCE NURSING.

The nursing of the future is visiting nursing. All the developments of the present day point that way. Tuberculosis nursing, school nursing, social service work, in connection with the hospitals, factory nursing—all are along visiting nursing lines. And every little while something new is suggested, and the already long scroll of visiting nursing activities adds another to the list.

One of the more recent extensions of visiting nursing—or it might almost be called a particularization of visiting nursing—is found in the nursing care given to the sick policy-holders of one of the large insurance companies, whose specialty is industrial life insurance. The Metropolitan Life Insurance Company, wishing to give to their policy-holders, in the industrial department, adequate nursing care, approached the Victorian Order of Nurses in Montreal and Ottawa, with the request that those branches care for the sick policy-holders in those cities. In return the Company agreed to pay the Association on the basis of the actual cost to the Association of each nursing visit. The nursing care given the clients of the Company is exactly the same as that given to the other patients of the Association. No fee is collected from the former.

In Montreal there are some 80,000 policy-holders, in Ottawa some 12,000.

The calls for the nurse are received by the Superintendent of the Association on a private mailing card, prepared by the Company specially. These cards are distributed to the clients by the agents of the Company. Urgent calls are received over the telephone—a card following by next mail.

There are in this arrangement three parties to be considered: The Insurance Company, the policy-holders and the Nursing Association, and it would perhaps be well to consider the matter under these three headings.

The Company wish to improve the living conditions of their clients from a business motive as well as from a philanthropic one. The insured will live longer, will have fewer illnesses, will make more rapid recoveries and, consequently, will be more prosperous, when looked after by a visiting nurse, and the fact that the Company thinks of their bodily comfort will appeal to the people, and so the number of policy-holders will grow. Just as a factory, where the managers employ a nurse to look after the employees and their families, is more popular and gets better service than one where no thought is given to the health, comfort and happiness of those employed. The Company finds it does not lose, else being a company in the field to make money, not for philanthropic purposes, they would drop the plan. So, this Company is demonstrating to us that they can look after their policy-holders in a humane manner, paying out large sums every month to secure nursing care for these needy people, and still make their profits.

The policy-holders are, as was pointed out, what are known as industrial policy-holders. They are insured for a certain sum, paying small premiums, which are collected weekly by the agents of the Company. With the other benefits belonging to the policy is included the care of a visiting nurse in time of sickness. Maternity patients are cared for as well as those who are ill. Thus the poor—and most of them are very poor—are instructed where to obtain immediate help in time of sickness. It is astonishing how very many people there are right in our midst, who do not know how to get a doctor or nurse, when urgently needed. The expense is very often the obstacle. Now the policy-holders feel they have a right to nursing care, and they call a nurse sooner than they otherwise would and their self-esteem is preserved.

The Visiting Nurse Association is able to extend its usefulness farther than it could otherwise. The expense of each visit to the insured is paid by the Company, thus the Nursing Association is able to do more charity work. As the nurses go in and out among these poor people, they spread hygienic lessons, they have insanitary conditions corrected, they prevent the spread of contagion, and people learn that there are nurses, going in and out, whose vocation it is to care for those who have no others to care for them, and the knowledge of the existence of visiting nurses spreads into parts where it would have taken years for it to penetrate otherwise.

The Victorian Order, being the national visiting nurse association, employing only graduate nurses and maintaining jealously the high standards set, is the association best fitted to take charge of this work in Canada. The Victorian Order nurses are specialists in visiting nursing, and the Metropolitan Life Insurance Company wisely hands over this work to the specialists.

This branch of visiting nursing was started in New York in June, 1909, and has since been taken up by the Visiting Nurse Associations of most of the larger cities of the United States. It is more recent in Canada. Montreal started it in January, 1910; Ottawa in March. The work being so very new it is a little premature to say how successful it is going to prove.

A number of objections have been urged against it. One objection is to the allying, as it were, of a philanthropic association with a company organized for commercial purposes. This is, of course, easily met. The nurses do their good work, free from the commercial taint, the Association put more nurses in the field, and so the curative and preventive influence is increased.

It has also been objected that the Insurance Company will in time absorb the Visiting Nursing Association, and that the dignity of the Association will be dragged down. The Company have, as I have already pointed out, called in the visiting nurses as specialists, to take charge of that part of the work Specialists are not apt to let their individual importance dwindle or to sacrifice their dignity. The Victorian Order, the writer is very sure, will not be absorbed by anything in existence at the present time, and the dignity of the Order will be maintained, for that has ever been one of the duties of its members, to see that high standards are maintained, and there cannot be high standards without dignity.

To sum up, this development in visiting nursing is good, because it opens up the way to the neediest people, who require the visiting nurse, it enables the Association to employ more nurses, thus increasing the curative and preventive influence of such agencies, and the work is carried along on the lines established by experience, as the best, by the Visiting Nurse Association—the nursing profession having full control. Anything that would tend to take that control away should not be accepted by the Association. Carefully managed, it is a good thing, it is a progressive step, and the writer thinks the Metropolitan Life Insurance Company is to be congratulated on having taken up the suggestion of Miss Wald of the Henry Street Settlement, New York, and having acted on it so promptly.

The future is full of new ideas, and what each one should learn above all else is to be ready to receive these new ideas, to consider them carefully, but with a broad sympathy, for only when we so keep abreast of the times are we in condition to distinguish the gold from the dross, the wheat from the chaff.

Insurance Nursing, like Factory Nursing, has come to stay, and it rests with the Visiting Nurse Associations to decide whether or not it remains a good thing.

MARY ARD. MACKENZIE, R.N.

Chief Lady Superintendent, V.O.N.

May 11th, 1910.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Baikie.
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Corresponding Secretary—Miss Colley, 133 Hutchinson Street.
Treasurer—Miss DesBrisay (acting).
Registrar—Mrs. Berch, 175 Mansfield Street.
Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street.
Lectures—From November until May, inclusive, in the Medico-Chrurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

Miss Fraser has charge of the Children's Memorial Hospital for a month.

Miss McKay, one of the members of your Committee, lost her sister by drowning last week. Our Association tenders her its sincere sympathy.

Our Registrar, Mrs. Berch, reports a busy month. Many nurses are taking a well-earned rest. There has been typhoid at several summer resorts; so that it has been impossible to fill half the calls that have come to the registry.

We regret to record the removal by death of one of our new members, Miss Skelly, of Hamilton. Miss Skelly was a recent graduate of the Royal Victoria Hospital and died in that institution of typhoid fever. The Canadian Nurses' Association extend their sincere sympathy to her friends in their sad bereavement.

In this morning's paper comes the news of the death of Florence Nightingale. She goes to her rest crowned with glory and honour, enshrined in the hearts of the world as one who has saved thousands of lives and untold suffering. She has won undying fame. All Europe rang with her praise at the close of the Crimean War. We also would bring our tribute of praise to the name of Florence Nightingale, whose monument is the Red Cross.

REPORT OF THE VICTORIAN ORDER, HALIFAX.

Halifax has enjoyed the benefit of the Order for nine years. The amount of service rendered during that time will never be known. Steadily it has grown in public confidence, until now it is difficult to overtake the demands of the work. During the past year our nurses have made 4,555 visits, an average of 87 per week, or nearly 13 per day. There have been 74 night calls. Visits average over one hour in duration. By considering how much 100 visits would mean to most of us, we get an idea of the work involved in 4,555 visits. One hundred and eighty-eight out of 413 patients could not afford to pay anything for the services of the nurses. Some of these were extremely poor, living in one room with a bed, two or three chairs, stove and box as their only furniture—with family consisting of father, mother and two or three children, besides the infant. Intemperance has reduced some to this conditions, others have been unfortunate; but in any case the sick cannot be allowed to suffer. There are many who have no one to wait upon them but their husband or a kind neighbour in the same tenement. This Good Samaritan brings the sick woman her meals, cares as best she can for her children and often prepares her husband's meals for him. The Victorian Nurse is a great blessing to such. Six times during the year have the nurses found mothers without one garment in which to clothe their new-born infants. On one occasion there was clothing enough to cover one baby, but two had arrived, so the nurse had to supply the clothing for No. 2. The Committee keep always on hand a supply of bed linen and infants' clothing for such emergencies. Of our 413 cases during the year, 231 were maternity cases—231 a year, or nearly 20 a month, mothers and infants attended, washed, dressed and made comfortable. This class of work is increasing as the labouring people with small wages learn the value of the Order. With the poor, as with the rich, having once known the comfort of a trained nurse, they are unwilling to do without her.

The lessons in the value of light, sunshine, fresh air and cleanliness given by the nurses are most important. Some do not know what it means to be clean —to them, hands not black are clean and any cloth snatched up from around the room is all right to be used about the patient. Trained nurses open up a new world as regards cleanliness. Their very appearance is an object lesson, and many improve by their instruction.

(*Continued on page 426.*)

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The Annual Meeting of the Toronto Branch of the Guild was held on Saturday, June 11th, at 4.30 p.m. Through the kindness of Miss Brent the meeting was at the Nurses' Residence, S. C. H., instead of at the Lakeside Hospital as originally intended. Owing to the inclement weather there was a very small attendance. Tea was partaken of and then the following business was transacted:

Mrs. Broughall (Acting Superior) appointed Miss Brent as her successor in office, subject to confirmation by the District Council in Montreal, which appointment was heartily endorsed by the meeting. The day of meeting decided on is the last Monday of each month at 8 p.m. Place of meeting, Nurses' Residence. The first meeting of the season will be on Monday evening, September 26.

A Corporate Communion of the members of the Guild will be held at St. Augustine's Church, Parliament street, on the first Sunday in October at 8.30 and 11 a.m.

A suggestion was made by Mrs. Broughall and approved of by the meeting, viz., to appoint a small Visiting Committee to look up the members and visit any who are sick. Miss Brent and Mrs. Howland, 538 Spadina avenue were appointed for October and November and can be communicated with.

Ways and means of making the meetings more attractive were also discussed. The service was then read with an address by the Chaplain, after which the meeting adjourned.

My Scallop Shell of Quiet

Consider the Lilies.

"Do you remember that Christ holds up the wild flowers as our example in dress? Why? He say God clothes the field flowers. How does He clothe them? First, their clothes are exactly suitable for the kind of places they are in and the kind of work they have to do. So should ours be. Second, field flowers are never double, double flowers change their useful stamens for showy petals and so have no ends. These double flowers are like the useless appendages now worn on the dress and very much in your way. Wild flowers have purpose in all their beauty. So ought dress to have; nothing purposeless about it. Third, the colours of the wild flower are perfect in harmony and not many of them. Fourth, there is not a speck on the freshness with which flowers come out of the dirty earth. Even when our clothes are getting rather old we may imitate the flower: for we may make them as fresh as a daisy."—*Floence Nighte igale, 1878.*

The Haven Where We Would Be.

God, whose Eternal Providence has embarked our souls in the ship of our bodies, not to expect any port of anchorage on the sea of this world, but to steer through it to Thy glorious kingdom, preserve us, O Lord, from the dangers that on all sides assault us, and keep our affections still fitly disposed to receive Thy holy inspirations, that being carried sweetly and strongly forward by Thy Holy Spirit we may happily arrive at last in the haven where we would be; through Jesus Christ our Lord. Amen.—*Devotions, 1700.*

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Editorial

As we go to press the news is received of the death of Miss Florence Nightingale, O.M., in her ninetieth year. So closes the good and great life of one of the noblest of England's daughters! We hope to mark our sense of the importance of this event by issuing a special Florence Nightingale memorial number in October.

THE CHILDREN'S TUBERCULOSIS PAVILION.

One of the best things that has happened this summer in the hospital world of Toronto was the presentation by Mr. John Ross Robertson to the Heather Club (H. F. S. C.) of a Pavilion on the Island for the treatment of children who have tuberculosis. This gift, so generous, so timely and so sure to save life and health is twice blest. We heartily congratulate the giver, the recipients and the inmates-to-be.

THE WOMEN'S SUPPLEMENT.

The foremost newspaper in the world, *The Times*, has determined to publish a Woman's Supplement which "shall give expression to the aims and achievements by which the women of to-day are making the present age remarkable." This is a significant event and significantly announced. "In politics, in municipal affairs, in works of beneficence, in medicine and science, in art and literature, in sports and games, women are to be found working and playing by the side of men, excelling them in some fields, necessary to them in others." "The social unit is not man, not woman, but man and woman together." This is true and will help human progress.

THE NURSE'S FAREWELL TO KING EDWARD.

Under the modest title "In the Crowd," the following beautiful article appeared in *The Nursing Times*. Our readers will follow its narrative with sympathy and gratitude that one of our own profession should have had such an opportunity and should have described its significance with such perfection and yet with such simplicity.

In the Crowd.

Twice only have I been inside Buckingham Palace. The first time was in 1902, when, among a brilliant crowd of officers in full uniform, I went, with a few more sisters, to receive my Royal Red Cross from the hands of King Edward; in front of us one young officer and a very shy young private went up to receive their V.C.'s (also won in South Africa); then came the sisters, and each one kissed His Majesty's hand, but I was the last, and as I moved up

behind the others the King rose, and with his pleasant smile on his face, stood and shook hands with me; it was the second time he had honoured me with a handshake, the first time being when he was Prince of Wales, and when the (then) Princess of Wales had invited the members of the Royal National Pension Fund to Marlborough House, to present us with our certificates.

My second visit to Buckingham Palace was under very different circumstances; I went with a deputation of my nurses to a side door, where we were admitted to leave a wreath of white flowers and violets.

"With heartfelt sympathy and respect from the Matron and Nurses of ———, who feel that all nurses have lost not only a Noble King, but a true friend." A gracious letter of acknowledgment came to us from Queen Alexandra only a few days later.

"Our poor Queen," had been the thought of every nurse and patient in the hospital when the news came of the King's death, and only too gladly did every nurse bring down the small subscription for the wreath which our limit allowed —for it is a strict rule here that any subscription raised must have a limit for each rank, so that none should ever feel it a burden.

On Tuesday afternoon I got away and joined that wonderful long queue at St. George's Square. Just before seven I reached the great hall at last, and I think few who stood on those broad steps and gazed down upon the coffin, with the crown and sceptre laid down upon it, and the statue-like watchers so reverently standing "on guard around," will ever forget the scene.

Several nurses asked leave to get up at four a.m. the next morning, that they might visit the Hall before they came on duty, and those who know nurses, and know that they have to rise summer and winter at 6.30 a.m., will know that they do not lightly ask to get up so early.

But the next day a most kindly concession was made, and, though no public notice was given, the word was passed round that nurses in uniform, and postmen, would be admitted—as their off-duty time was so limited—without the long waiting in the queue.

On Thursday afternoon again I was free, and was irresistibly drawn towards Westminster. I heard the policeman directing the people the way to join the queue, and I was just turning away when a sergeant beckoned to me and said: "Nurse, you can come right in if you wish," so I walked in by the members' door, where a few people were driving up in motors with tickets of admission; just inside Mr. John Burns met me and showed me the way, and I was allowed to stand at one side, with a few more people, as the crowd streamed past.

I saw the beautiful wreath the German Emperor had himself laid beside our King's coffin; I saw the stool where he had knelt beside King George only an hour or so before, and then, as the monarchs rose from their knees, they clasped hands beside all that remained of King Edward the Peacemaker, and as I (who have seen the horrors of war) turned away, I thanked God for King Edward's reign of peace, and prayed that these two great men who had knelt by his coffin might so work together for the peace of the world that wars in our time might be no more.

On Friday we stood hour after hour in the blazing sun. Oh, the patience of that vast crowd, and their reverent behaviour as the long and stately procession passed us; I would not have missed it for anything.

It was wonderful how even the poorest wore something in the way of mourning, though I am quite sure to buy it must have meant less food than usual. One poor woman, when begged to remove her hat, at last replied, "Shan't, it's the only bit of black I could buy, and if I take it off they won't know I'm in mourning"; but the resourceful bobby came to the rescue with: "Take it off, missus, and hold it in front of your brown dress, and they won't know you've got anything but black on!" and she complied at once.

The procession itself was very grand and very reverent, and quite worth the weariness of that eight hours of standing in the crush and the sun; but for solemn grandeur I shall ever turn back in my thoughts to that time in Westminster Hall when we were allowed to stand so close to our great and noble King.

R. R. C.

SCHOOL NURSING IN CANADA.

Montreal, Winnipeg, Vancouver, Hamilton, Brantford, and now Toronto, have established the work of the School Nurse as an integral part of the work of the Public Schools.

On May 1st, 1910, Toronto organized a system of School Nursing by appointing Miss Lena L. Rogers, R.N., as superintendent, with Miss Ella J. Jamieson, H.S.C., Class 1896, and Miss Alice M. Robertson, H.S.C., Class 1905, as assistants. The work is yet in its initial stage and its necessity has already been proved. A number of schools, outside of those which are visited regularly by the nurses, have asked for the nurses' services. It is hoped before long that the service may be extended to every school in the city.

WINNIPEG GENERAL HOSPITAL.

Like all the other friends of hospital work we were disappointed when the Hospital By-law failed to pass in Winnipeg. Owing to our two Convention numbers this is our first opportunity to lay the facts before our readers, which we cannot do better than present to them in the words of the Winnipeg *Free Press*.

The Vote on the Hospital By-laws.

If it be true that the vote cast for and the vote cast against the by-law to grant $400,000 to the General Hospital—of which sum $100,000 was to have been devoted to providing an Auxiliary Hospital in the North End, which would have been a municipal hospital—did not represent the proportions of the total number of ratepayers for and against the by-law respectively, the fact constitutes a striking proof that a franchise unexercised amounts to the same thing as a franchise non-existent. This is a truism, of course; but it sums up the whole duty of citizenship.

While the smallness of the total number of votes cast on the five money by-laws on Thursday showed a failure of duty on the part of a regrettably large

proportion of the total number of ratepayers, scrutiny of the five varying totals for and against the by-laws shows that those who did vote exercised their judgment upon each of the five propositions set before them. The overwhelming majorities in favor of providing an Isolation Hospital and a hospital for sufferers from tuberculosis gives proof of an appreciation of the city's needs in those respects, and the same is to be said of the by-law for providing a morgue. In view of those votes, it would plainly be nothing short of grossly improper to charge that those who voted against the by-law for the grant to the General Hospital did so in deliberate disregard of the city's manifest hospital requirements or from other unworthy motives.

The defeat of that by-law, which is as greatly to be regretted as the success of all the other by-laws is to be rejoiced over, makes it necessary to face the fact that there is a feeling in the city against the control of public institutions being in any other hands than those of publicly-elected bodies. Unjust as that feeling is in the case of the General Hospital, it undoubtedly exists and must be taken account of. There is absolutely nothing whatever of the close corporation about the General Hospital; every person who becomes a subscriber becomes a member of the General Hospital corporation. The door to membership is always open, and nothing is more earnestly desired than the accession of as many new subscribers as possible. The gentlemen who with public-spirited self-sacrifice have devoted so much time and thought and work and money to the General Hospital thus far have set an example which should be more widely imitated; that they should be regarded by any of the citizens as in any way desiring to constitute themselves a self-perpetuating clique in control of the institution is a lamentable injustice to them, to the General Hospital and to the city. The crying need for increased hospital accommodation is constantly increasing, and will have to be provided for.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Executive of the G. N. A. O. held its regular meeting on Friday evening, July 8th, at the Nurses' Residence of the Hospital for Incurables. There were seven members present. The advisability of taking steps to obtain legislation of nurses was carefully discussed and a committee was appointed to secure information and outline a bill for the consideration of the Executive at its next meeting, which will take place September 9th. The Executive is very anxious to meet the wishes of the Association in this matter, and any correspondence will be very acceptable and will be carefully considered. Although we met defeat at our last attempt to secure legislation, we are not discouraged, but we will go forward in a new campaign better equipped because of the lessons learned in that defeat.

Miss Neilson asked what position the Association wished to take on Woman Suffrage, as she had been asked this question at the last meeting of the Local Council of Women. After some discussion the question was left over for further consideration.

GUESTS OF THE BISHOP OF LONDON.

A recent number of *The Nursing Mirror and Midwives' Journal* contains a delightful account of how the Bishop of London spoke to the nurses at Fulham Palace, when they were his guests at a garden party.

Upwards of 800 nurses—including the matrons of the Westminster, the Royal Waterloo, and the Metropolitan Hospitals—were present. The invitations were issued in connection with the Association of Nurses and Mothers' Union, and the hospitals represented included Guy's, Middlesex, Royal Free, St. Bartholomew's, St. Thomas', Charing Cross, King's College, St. George's, Great Northern, University College, Westminster, Royal Waterloo, Temperance, Metropolitan, Homœopathic, Hampstead General, Prince of Wales', Queen's Hospital for Children, Queen Charlotte's, Chelsea Hospital for Women, New Hospital, City of London Hospital for Diseases of the Chest, General Lying-in, City of London Lying-in, East End Mothers' Home, Poplar, Orthopædic, Samaritan Free, Mount Vernon, Clapham Maternity, and Hospital for Women, Soho Square. Nurses were also present from Newington, Lambeth, Holborn, St Pancras, and Fulham Infirmaries; from St. John's House, St. John the Divine Home, the Hostel of St. Luke, Church Army, Ranyard House, St. Clement's Home, St. Hilda's Home, Medical Mission (Hoxton), Nursing Institution (Kentish Town), and Royal Maternity Charity. There were also Queen's nurses from the districts of Clapton, Woolwich, Rotherhithe, Hampstead, Hammersmith, Kensington, Bloomsbury, Chelsea, Wimbledon, Stepney, Camberwell, and Southwark, as well as about 250 private nurses.

As soon as the nurses had partaken of tea in the Palace, they passed out into the garden to await the return of their host, who had been officiating at the consecration of a church fifteen miles distant. The time of waiting passed very quickly, sitting under the trees on the beautiful lawn and listening to the strains of the Bishop's Ladies' Amateur Band; though, owing to the nurses being in uniform, and the few other official guests in mourning, the effect was strangely different to that usually produced by the light dresses and gay colours of a garden party. Most of the nurses wore a knot of black in memory of King Edward, and the bronze medal, with red ribbon, of the St. Barnabas' Guild Nurses, the tiny Territorial badge, and an occasional South African decoration gleamed out amongst the sober greens, blues, blacks, and greys of the nurses' cloaks.

About half-past five the Bishop made his way on to the lawn, and having got rid of his hat, moved towards the small platform erected on the terrace in front of the drawing-room windows. As he did so he bade the nurses welcome, asking them to draw up their chairs nearer, and warning them that he was going to inflict a speech on them. "But," he added, "you must pull yourselves together and bear it, and I promise not to keep you long." On the platform were Lady Chichester, Mrs. Wilberforce, and Mrs. Russell.

The Bishop began by telling his hearers how very glad he was to see them in his old Church Home, that Home where for 1,300 years Bishops of London might have been seen walking about the rooms or strolling around the gardens. He would like to feel that here, too, his visitors might gain a little rest and peace

in the quiet surroundings, and, personally, nothing would please him better than to find a tired nurse asleep under a tree! He referred in appreciative terms to the work which, for nine years, he used to see going on every Monday morning at the London Hospital, and caused considerable merriment by alluding to the "hospital smell"; which, he said, he recognized quicker than almost any other smell, though he had never been able to make out of what it consisted. Nurses, he continued, had a perfectly unique opportunity of helping the sick and the sad in a way which came to no other class, and splendidly he had seen many of them do it, both physically and spiritually. And because they had this opportunity, more especially perhaps in the maternity wards, he wanted to get all the nurses of London on to the side of the Mothers' Union, to persuade them to become his fellow-workers. If only they would speak a word in due season, the word of a good, true woman, many a poor mother would make a fresh start and try to train up her children in truth and purity. Ellice Hopkins, in speaking of prevention being better than cure, had said, "A fence at the top of a cliff was far better than an ambulance at the bottom," and if in early days they could get at the mothers and children by means of the nurses that would be the fence at the top of the cliff. They, as no one else could, might teach the boys and girls how to redeem courtship by manliness and modesty; might instruct the mothers how to feed their children physically and morally in the best way; might bring into the homes of the poor holiness of life. The Bishop concluded by impressing on his hearers the enormous strength they could be to the Union by speaking when opportunity arose, and then letting the district organizer follow up the work which the nurse had commenced. He reminded them that though they might plead that "they were not built that way," and that it was "unprofessional," because they were nurses they did not cease to be Christian women, and by joining in the work for which he asked their aid, they would not only assist their earthly Bishop, but be working also for Him, the Bishop of All Souls.

Lady Chichester, in proposing a vote of thanks to the Bishop, which was seconded by Mrs. Wilberforce, alluded to the saying of her late husband, that "a district nurse had a golden key, which would unlock the door where no one else could gain admittance." In his reply, the Bishop asked the nurses to signify by their applause their appreciation of the labours of Mrs. Russell, who had done so much arduous work in connection with the meeting, and also to thank the members of his Ladies' Band. Before dismissing them with his blessing, he told them that he hoped they would roam about the Palace as they wished, and as they left the gardens that they would help themselves to a piece of wallflower, of which there was close to the entrance a bed sufficiently large for 808 nurses, or even more—an invitation of which most visitors gladly availed themselves.

THE NEW ZEALAND NURSE.

The last Report of Dr. T. H. A. Valentine, Inspector-General of Hospitals and Charitable Institutions in the Dominion of New Zealand, is of great interest to nurses, especially in view of the fact that Miss Hester MacLean, Assistant

Inspector (and Editor of *Kai Taikai*) reports for the first time on the Nurses' Registration Act of 1908. Her report is as follows:—

REPORT ON NURSES REGISTRATION.

Wellington, 13th August, 1909.

Sir,—I have the honour to report concerning the administration of "The Nurses Registration Act, 1908," and Part II. of "The Hospital and Charitable Institutions Act, 1908."

THE NURSES REGISTRATION ACT.

During the twelve months which have elapsed since the 31st March, 1908, two examinations have been held under the Nurses Registration Act—in June and December. One hundred and nineteen candidates came up for the preliminary examination in anatomy and physiology, and 106 passed. There were during the year ninety-six candidates for the final examination in medical and surgical nursing, and eighty-seven passed, and their names were placed on the register. The receipts of fees for examination and registration were £119, and the expenses in examiners' and supervisers' fees £128. The various medical practitioners and nurses who were during 1907 appointed as a Board of Examiners have given much assistance in valuable suggestions and advice regarding the training of nurses and in conducting the written, oral, and practical examinations in as uniform and thorough a manner as possible.

Early in the year new and full regulations were drawn up under the Nurses Registration Act, some of those previously in force having become obsolete owing to various clauses of the act rendered necessary at the beginning of its existence being no longer in operation. These regulations came into force in January, 1909, and instituted some small changes in the training and qualification of nurses and registration. The examination in anatomy and physiology, which in the past has been held by the State, has now been deputed to the hospital authorities, and may be held as soon as possible after the conclusion of the first year of training, thus leaving two years in which the trainees may devote their whole time to the more practical and important study of medical and surgical nursing.

A subject which has also been on the syllabus for study has been made compulsory in that a certificate of having attended a course of lessons and passed an examination in invalid cookery must be produced with applications to sit for the final State examination. The syllabus of lectures for nurses in training schools has been revised after consultation with the various examiners and teachers, and slightly altered and added to. The necessary minimum number of lectures each year has increased, and a report from each training school, with names of trainees, number of lectures, and names of lectures, is required to be furnished annually. It has been found that the work of training nurses has been very lightly undertaken by some of the smaller hospitals, and that, while professing to carry on a systematic course of teaching, it has been performed in a very perfunctory manner, which is neither fair to the young women who give their services for small payment with the hope of obtaining a certificate of training and so becoming registered nurses, nor to the public who afterwards employs them. Therefore some proof must be afforded that at least the minimum amount of

teaching laid down by the regulations has been given, or trainees from these hospitals cannot be allowed to go up for examination.

It has been found necessary to make centres for examination in other places than those first selected. Wanganui and Palmerston have both been used as centres, the reason being that a large number of nurses in their third year being taken from the hospital for the two or three days necessary in travelling to the chief centres and undergoing the two days' examination disorganized the work of the hospitals. Therefore it has been conceded that if the number of candidates in one hospital exceed four, and the journey to a chief centre takes one day, the examination will be held in that hospital with, if possible, trainees from neighbouring hospitals for the oral examination and that in practical work.

The proposed amendments to the Act dealing with the training of nurses in certain approved private hospitals and in mental hospitals and consumptive sanatoria have not yet come forward, and, in view of the probable passing in Great Britain of a Bill for the registration of nurses, in which one clause reads: "Any person who shall produce evidence satisfactory to the Council of having been trained as a nurse and registered in any British possession in which a Nurses Registration Act is in force, and which admits to its register British registered nurses on reciprocal terms, may, upon payment of the fee payable on the registration of other persons, be registered under this Act, provided that the standard of training and examination in such British possession is equivalent to the standard adopted by the Council"—it would perhaps be advisable to wait until we can know the regulations for the training of nurses, which will be formulated by the Board appointed by Parliament to carry out the provisions of the Bill when it becomes an Act.

New Zealand nurses have been well received at Home, and there are a number there now engaged in nursing. It will be necessary, if this Bill passes, for us to see that a good standard of training is maintained, so that a nurse going from New Zealand may be received and registered in Great Britain. The weak point will probably prove to be that here hospitals of a small number of beds are allowed to be training schools, and although under the conditions of this young country—and with the constant scarcity of trained nurses—it is difficult to see how this can be avoided, yet it is most important to all our future nurses that their professional position should be unassailable all over the world, and especially in our Motherland.

Mental Nurses.

An examination in mental nursing was held by the Inspector-General of Mental Hospitals in December and January. Forty-six entered, and twenty-four passed. Two mental trained nurses are now undergoing a special course of two years' general training in New Plymouth and Wanganui Hospitals.

Maori Nurses.

Since my last report two Maori nurses have passed the State examination, and are registered nurses. One of these has since entered St. Helens Hospital, Christchurch, and obtained her certificate in midwifery. The other has entered St. Helens, Wellington, and will be eligible for her examination in June. It is

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hoped to utilize the knowledge and experience gained by these young women in any outbreak of disease or epidemic among their own people. Another young Maori girl is training in the Wanganui Hospital at present and one at Napier, and it is hoped to shortly place one, who has completed a year as day pupil at the Napier Hospital, in another training school to finish her course.

We shall shortly be in a position to judge whether the money, care, and trouble expended in training these Maori girls has been well expended.

"THE MIDWIVES ACT, 1908."

During the past year two examinations of pupils trained under the Midwives Act has been held; thirty-three were trained in the State maternity hospitals, three in the Medical School Maternity Hospital, and three in the charitable institutions allowed to train in conjunction with lectures at the State hospitals. Of these, thirty-six passed the examination, and are now registered midwives. The receipts of fees for training and examination were £676; the expenses in examiners' and supervisers' fees, £122. The examiners appointed in 1907 under the Midwives Act have conducted the examinations with great interest, and, by valuable suggestions and criticisms, have aided the teachers in maintaining a high standard of proficiency.

The medical practitioners not connected with the special hospitals have frequently expressed their appreciation of the assistance they receive from the trained midwives, and also of the fact that they can, on application to the St. Helens hospitals, obtain the temporary services of a pupil from there if they are in any difficulty with a private case owing to the non-arrival of the nurse engaged. They are also beginning to realize that the trained midwife or midwifery nurse, which is what the St. Helens pupils aim to become, is the last to wish to act in any way independently of or in opposition to the doctor.

During the year, in each centre, a course of simple lectures was given to the registered but untrained midwives. Women unregistered but working as maternity nurses were also encouraged to attend. The first course was given in Auckland, and as many as sixty women attended some of the lectures, and seemed to very much appreciate their teaching. The lecturer endeavoured to keep them well within the comprehension of the untrained women, and from later observations some good was certainly done by them. In Dunedin not so many attended, but a very fair number of the midwives in or near the town did, and the same was the case in Christchurch and Wellington.

In the country parts an inspection of the midwives has been carried out chiefly by the trained nurse and midwife inspector appointed in June, 1908. This inspector has travelled through the Southland and Otago Districts to all the scattered towns and small country places, and has found out the manner in which these places are supplied with doctors and nurses (by this is meant maternity nurses), and the needs of the settlers in this respect. It is hoped that where there is real need and an opening for trained nurses, some may be induced to settle. The Inspector has also travelled through a great part of the North Auckland district, and the following extract from her report will be of interest:

"In some districts in the Auckland Province the settlers are fairly well supplied with untrained registered midwives and maternity nurses. Here and there,

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however, in large areas where there are many people scattered about, as in Hokianga and Waihopo (north of Auckland), the country between Frankton and Rotorua, and a large part of the King-country, the nursing facilities available are most inadequate. Bad roads make travelling so difficult that women who cannot leave their homes to be nursed and attended must run great risks, being frequently dependent upon the unskilled attentions of their neighbours. Many of the untrained registered midwives are elderly women who have learnt what they know of their work by attending such cases of emergency, their practical knowledge being in many instances very meagre; others, again, seem most capable, having profited by a large experience, and doubtless deserve high tribute for much good work done under most trying conditions. It is gratifying to find that those who have attended the lectures arranged specially for these women by the Department last year in most cases show superior knowledge to those who have not taken advantage of these means for their improvement. These elderly midwives cannot continue to work much longer; many of them are giving up now on account of old age; their places must soon be filled by trained midwives and nurses, and this transition seems to require careful adjustment. Most country midwives have had their own homes in the district, and have not been altogether dependent upon their work for a livelihood. The question of fees is frequently a difficulty to both patients and nurses, and is apt to increase, as the trained nurse is generally dependent entirely upon her work. The scheme for district nursing for the backblocks proposed at the Hospital and Charitable Aid Board Conference will be a good solution of the difficulty. I have frequently been approached on this subject of fees while inspecting the midwives."

There are now 1,081 midwives on the register. Sixty-two have been added during the twelve months since 1st April, 1908. Of these, thirty-eight have been trained and examined under the regulations of the Midwives Act, while the remainder have been admitted on certificates of training from maternity hospitals in other States or from Home. A larger number should be trained in the Dominion this year, as more pupils are being received in the various training schools. In the course of a few years this gradual and sure increase of fully qualified women should make a great difference in dealing with the above conditions. As the numbers increase they will be more inclined to go out into the backblocks where they are so urgently needed.

HOSPITALS AND NURSES

The Sixth Annual Meeting of the Royal Alexandra Hospital Alumnae Association met in the Hospital, Fergus, July 26th, 1910. The meeting was opened with the President in the chair. After the minutes had been read and adopted the officers for the coming year were appointed, namely: Miss Lloyd, Durham, President; Miss North, Harriston, Secretary; Miss Lynes, Harriston, Treasurer; Miss Crosby, President of the G. N. A. O., then addressed the meeting and gave a very helpful and interesting talk to the nurses. She explained the object of registration and the protection it gave to the nurses, the doctors and the public. The address was very much enjoyed by those present, and was very helpful and

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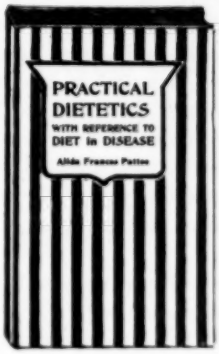
encouraging. Much regret was expressed that so many of the nurses were unable to be present. A vote of thanks to the speaker was given with a hearty clap of the hands. The meeting then adjourned. The next meeting of the Association will be on Thanksgiving Day, 1910. All were unanimous in feeling it was one of the brightest and most interesting meetings of the Alumnae.

The Alumnae Association of the Guelph General Hospital held its Annual Meeting in the reception room of the Hospital on Tuesday afternoon, July 5th. There was a good attendance of members and an interesting meeting was held. Dr. W. O. Stewart gave an interesting and helpful address on Milk and its Care. He showed by different tests the constituents of milk and explained how each served a part in the nourishment of the body. He also showed how easily milk may become contaminated and how quickly germs multiply. Miss Crosby, President of the G. N. A. O., addressed the meeting on behalf of that Association and its official paper, THE CANADIAN NURSE. Both addresses were much appreciated. The election of officers resulted as follows:—President, Miss J. J. Frew; Vice-President, Miss Janet Anderson; Secretary, Miss M. Walker; Treasurer, Miss Brooking; CANADIAN NURSE Representative, Mrs. A. A. Anderson; Convener of Sick Committee, Mrs. Dr. Roberts; Convener of Nurses' Room Committee, Mrs. R. Hackney.

A meeting of the Alumnae Association of the Victoria Hospital, London, Ont., was held on July 25th, 1910, in the reception room of the Nurses' Home. The election of new officers took place as follows:—President, Miss May Lyons; Vice-President, Miss B. Gilchrist; Second Vice-President, Miss Agnes McDougal; Secretary Treasurer, Miss May Roche; Corresponding Secretary, Miss Victoria Johnston. Miss Cline, Miss McKay and Miss Mitchell were appointed on the Advisory and Programme Committee. Miss Elizabeth Dulmage resigned her position of First Assistant Superintendent of Victoria Hospital, London, Ont., on her appointment as Superintendent of the General Hospital, Sarnia, Ont. Miss Pashley, formerly Second Assistant, has been promoted to the first position. Miss May Lyons, class 1910, has been appointed Second Assistant. Miss B. Gilchrist and Miss Nash, Class 1910, have been appointed to positions in the General Hospital, Niagara Falls, Ont. We are glad to announce that Miss Jenny Lind, who has been seriously ill, is able to be around again. Miss Edith Mayou, former Superintendent of Victoria Hospital, is staying with friends in the city. Miss Mayou was in charge of Dr. Grenfell's Hospital, Labrador. The new class room is indeed a credit to our hospital, one of which our nurses should feel proud and an inspiration for greater achievement and higher ideals. The purpose to have the photographs of former classes hanging on the walls of the new class room is a truly worthy and loyal one. To feel in touch with those who long since have passed the portals of their Alma Mater into the broader experiences of the world, to look upon faces many known and unknown to you, yet dear because of the garb which stamps the world of nurses kin, to feel they also have been tried in the uphill path by which a nurse must tread, makes us forget the hardships by which we have been tried in the joy of hopes realized. Some of these have passed through the "last ward" in response to the call of Him who hath said: "I was sick and ye visited Me. Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me." For those who are following in the footsteps of our sisters who have bidden farewell to the work they loved, take up the unfinished work, go forward and uplift their calling to the highest and best that is in life worth while.



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THE VICTORIA ORDER OF NURSES.—(*Continued from page 407*)

Besides making patients more comfortable and saving them needless suffering, valuable lives have been saved. We recall one woman who was very seriously ill whom the nurse visited three times a day for three weeks carrying out the doctor's instructions. It was gratifying at the end of that time to hear the doctor say to the nurse, "This woman owes her life to you." Also, we had the case of an infant who came into the nurse's hands a few days after birth with ophthalmia, and every prospect of loss of eyesight for life. Though crowded with work, the nurses undertook the case. Eight visits a day were paid for four days, at the end of which time there was some improvement and the number of visits could be lessened

So much has the work increased this year over last (1,471 visits more being made in 1909 than in 1908) that the Committee were confronted with the problem of either refusing work or employing a third nurse. To refuse work would mean that the poor would suffer, that they would lose confidence in the Order, that the doctors would not know when the services of the nurses could be obtained and that the whole work would suffer. It was therefore decided to employ another nurse. This would entail an additional expenditure of $600, and the question of how this was to be raised was duly considered by the Committee. It was felt that it would be difficult to collect more than $1,200 annually by public subscription. St. John City, which employs three nurses, gives the Order $1,000; and Truro, which employs but one, contributes $400 to its support. Two of our Advisory Board were opposed on principle to asking the city to support any charity, but the Ladies' Committee of 18 members and the rest of the Advisory Board were unanimous in thinking this to be the right way of supporting a third nurse. The City Council was accordingly asked for $600, which was granted by them. The third nurse has been at work since November 1st, but the three are still overworked and have still to call in outside help. The Committee will have to face the problem of a fourth nurse during the incoming year. If some generous friend would now give us $500 we would manage a fourth nurse at once and have plenty of work for her to do. The number of paying patients during the year was 225, non-paying 188. Paying patients mean those who are able to pay something and to pay what they can, from five to twenty-five cents a visit. Each visit costs the Order on an average of 42½ cents, so none of our patients pay what it costs us.

The total expenses of the Order last year were $1,936.76. Fees collected from patients, $488.25. To collect each year from the public from door to door $1,200.00 is not an easy task. Montreal, which at present is using 29 nurses, has raised an endowment which partially supports its work. St. John, whose nurses are boarded by the City Hospital, and besides, receive annually $1,000 from St. John City, is putting by money for an endowment. We are hoping someone will leave us, or better still, will give us a standing memorial for themselves in an endowment for the Victorian Order of Nurses in Halifav. During the year the Victorian Order of Nurses in this city has secured an Act of Incorporation.

We must not close our report without referring in terms of highest praise to the self-denying, painstaking and conscientious work of our capable head nurse, Miss Deacon, and her assistants, Miss Ellis and Miss Warren.

AGNES DENNIS,

President, Victorian Order of Nurses, Halifax.

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LOUISVILLE, KY., 1104 Second Street, April 18, 1910.

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, OCTOBER, 1910 No. 10

FLORENCE NIGHTINGALE.

It is not too much to say that the year 1910 will be remembered in history as the year of the death of Florence Nightingale. So much that one might say! But not when one remembers the hope that our great leader expressed that the Twentieth Century would not be a century of words. The quiet, dignified, simple service at the grave, when the guardsmen laid down for the last time the burden of the body of her who in her lifetime had borne their burdens—the burdens of the army to which they belonged—and had taken on her own heart and lifted with her own hands their infirmities and their sicknesses. The thousand nurses and more, the representatives of Royalty, the prayers of the poor, the eloquent words of the Church in St. Paul's, and the martial hymn that she loved best pealing through the Cathedral—"The Son of God goes forth to war."

And night comes down on the new-made grave, while one figure stands there—the figure of a very old man, a private of the 23rd Foot—whom she had nursed. Few indeed are left who remember the beginning of this long and great life, but the grave is beautiful with flowers representing the grief and gratitude of the world. The influence of such a life is infinite and infinitely precious.

"As if a door in heaven should be
Opened and then closed suddenly,
The vision came and went;
The light shone and was spent.

"On England's annals through the long
Hereafter of her speech and song
That light its rays shall cast
From portals of the past.

"A lady with a lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood."

Santa Filomena. —*Longfellow.*